## BIRCH, STEWART, KOLASCH & BIRCH, LLP

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## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	AND LAYOUT INFO		E CAPABLE OF APPRO	PRIATELY OUT	PUTTING DOCUME	NT DATA INCL	JDING TEXT			
Fill in Appropriate	the specification of wh forth above and/or the	nich is attached h e following:	ereto. If not attached here	eto, the applicati	on is identified by the	attorney docket	number as set			
Information -	The specification	was filed on	· .		· · · · · · · · · · · · · · · · · · ·		as			
For Use Without	United States Ap	plication Numbe	May 11, 2004			<del></del>	<i>:</i>			
Specification Attached:	and amended on	······································	M 11 2004	·	<del></del>	(if applicable	) and/or			
ntacheu:	International App	was med on	Way 11, 2004				_ as PCT			
·	amended on		as PCT and was(if applicable)							
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as									
	I acknowledge the duty to disclose information which is material to patentability as defined in Title 37. Code of Federal									
	year prior to this appl prior to this applicatic date of this applicatic representative or assignatent or inventor's ce application by me or not inventor's certificate or inventor's certificate	r described in an ilication, that the invention, that the invention in any coungns more than the thicate on this ny legal represent priority be a listed below an elicate below and the coungraph of the coungraph	the same was ever known printed publication in same was not in public nition has not been patent try foreign to the Unite welve months (six month invention has been filed itatives or assigns, except nefits under Title 35, Und have also identified bel	any country be use or on sale i led or made the d States of An is for designs) pin any country as follows.  Ited States Code ow any foreign of the sale was sale of the sale ow any foreign.	fore my or our invent the United States of subject of an inventor terica on an application for to this application foreign to the United S	tion thereof or m America more to 's certificate issu- ion filed by me n, and that no a States of America	ore than one han one year ed before the or my legal pplication for a prior to this			
	Prior Foreign Appli	it of the applican	on on which priority is cl	aimed:		Priority C				
nsert Priority	THO TOTAL STREET	cation(3)				Thomy C	Jamieu			
nformation:	2003-135701	Japan		May 14, 20	03	$\boxtimes$				
if appropriate)	(Number)	(Country)		(Month/Day	//Year Filed)	Yes	No			
	2003-397608	Ianan		November '	27, 2003	$\boxtimes$				
	(Number)	(Country)			//Year Filed)	Yes	No			
	2004-117705	Japan		April 13, 20	004	$\boxtimes$				
	(Number)	(Country)			//Year Filed)	Yes	No			
	·		·							
	(Number)	(Country)		(Month/Day	//Year Filed)	Yes	No			
	I hereby claim the bend	efit under Title 3	5, United States Code, §1	19(e) of any Uni	ted States provisional a	applications(s) lis	sted below.			
nsert Provisional Application(s): if any)	(Application Number)			(Filing D	ate)	<u>-</u>	<del></del> ,			
	(Application Number) (Filing Date)						<del></del>			
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:									
	Country		Application Number		Date of Filing (Mont)	h/Day/Year)				
nsert Requested nformation: if appropriate)										
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.									
nsert Prior U.S.	7.4 10 11 22 2			<del></del>			<u></u>			
Application(s): if any)	(Application Number)		(Filing Date)		(Status - patented, pe	ending, abandone	ed)			

Attorney Docket No. 0033-1033 PUS1
I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

## CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000 Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of First	GIVEN NAME/FAMILY NAME	INIVENITODIC CICNIA TUDE		DATE*					
Name of First Sole Inventor: rt Name of ventor → rt Date This ocument is Signed	Hiroaki ZAIMA	INVENTOR'S SIGNATURE		DATE*  September 6,					
	Residence (City, State & Country)	100 toures of the	CITIZENSHI	L 2005					
ert Residence ert Citizenship →	Tenri-shi, Nara, Japan	Japanese							
rt Post Office .ddress →	MAILING ADDRESS (Complete Street Address including City, State & Country)								
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Name of Second	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
see above	Osamu TSUMORI	Coame Touron		September 6,					
	Residence (City, State & Country)	CITIZENSHIP							
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	MAILING ADDRESS (Complete Street Address including City, State & Country)								
	1-36-107, Ayameike Minami 2-chome, Nara-shi, Nara 631-0033 Japan								
Name of Third eventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
	Shuichiro ONO	Shuichiro Ono		September 6,					
	Residence (City, State & Country)		CITIZENSHIP 2005						
	Soraku-gun, Kyoto, Japan	Japanese							
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
	1-15-20, Sakuragaoka, Seika-cho, Soraku-gun, Kyoto 619-0232 Japan								
Name of Fourth eventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
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	Residence (City, State & Country)	1	CITIZENSHI	P					
	Residence (City, State & Country)  MAILING ADDRESS (Complete Street Address	including City, State & Country)	CITIZENSHI	P					
		including City, State & Country)	CITIZENSHI	P					
		including City, State & Country)  INVENTOR'S SIGNATURE	CITIZENSHI	DATE*					
see above  Name of Fifth Iventor, if any:	MAILING ADDRESS (Complete Street Address		CITIZENSHI	DATE*					
see above  Name of Fifth Iventor, if any:	MAILING ADDRESS (Complete Street Address GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
Name of Fifth I Name of Fifth Iventor, if any: see above	MAILING ADDRESS (Complete Street Address  GIVEN NAME/FAMILY NAME  Residence (City, State & Country)	INVENTOR'S SIGNATURE		DATE*					
see above  Name of Fifth ventor, if any: see above	MAILING ADDRESS (Complete Street Address  GIVEN NAME/FAMILY NAME  Residence (City, State & Country)  MAILING ADDRESS (Complete Street Address	INVENTOR'S SIGNATURE including City, State & Country)		DATE*					
Name of Fifth Iventor, if any: see above	MAILING ADDRESS (Complete Street Address  GIVEN NAME/FAMILY NAME  Residence (City, State & Country)  MAILING ADDRESS (Complete Street Address	INVENTOR'S SIGNATURE including City, State & Country)		DATE*					
Name of Fifth Iventor, if any: see above	MAILING ADDRESS (Complete Street Address  GIVEN NAME/FAMILY NAME  Residence (City, State & Country)  MAILING ADDRESS (Complete Street Address  GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE  including City, State & Country)  INVENTOR'S SIGNATURE	CITIZENSHI	DATE*					
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